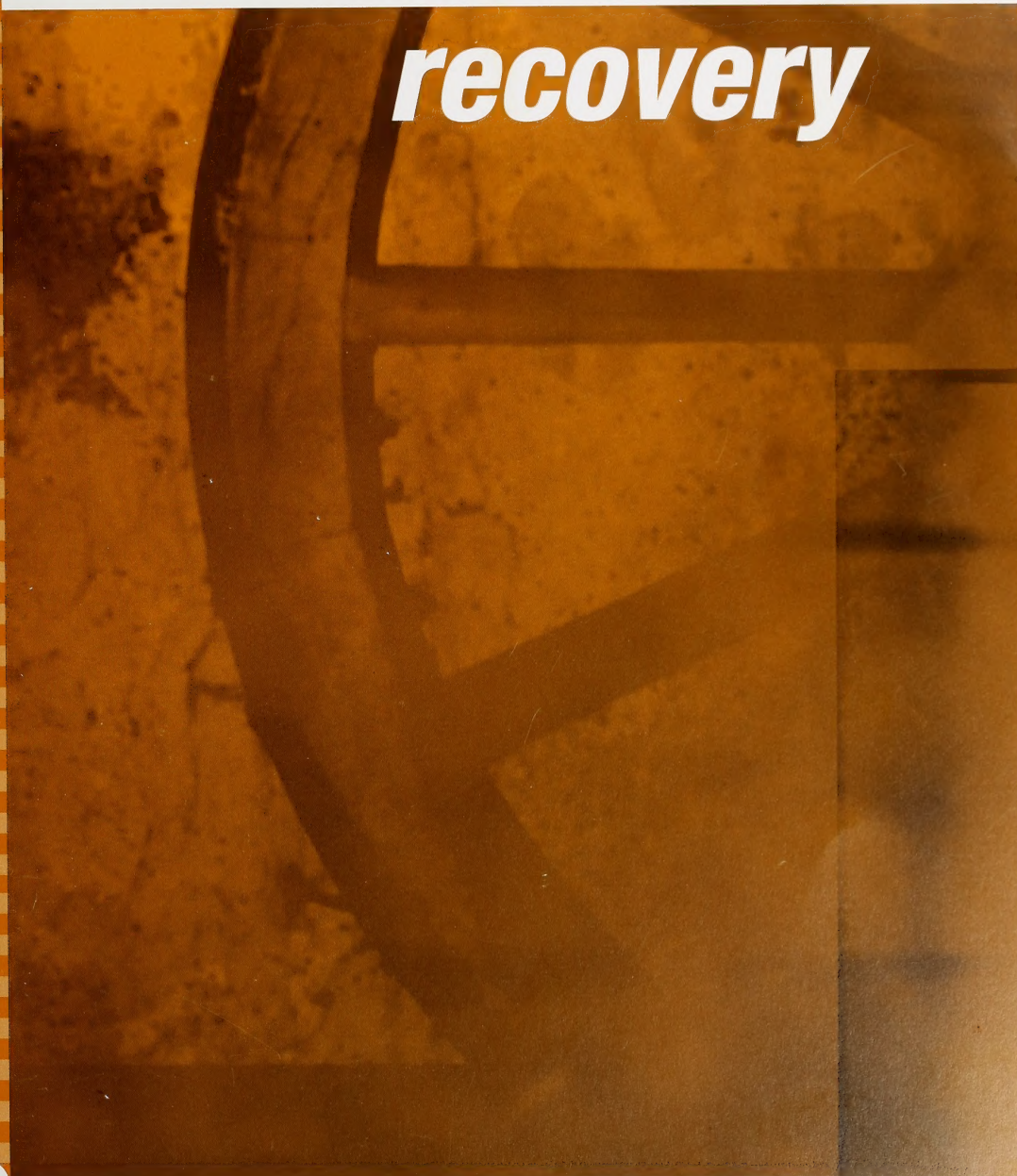


Cocaine and recovery



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Introduction

Recovery is about change. While change can be confusing, it can also be exciting and rewarding. Recovery requires both thoughtful reflection and active involvement. This workbook will help you to do both: it will challenge your thinking and assist you in planning your recovery. It will guide you as you learn about yourself, addiction and recovery. We hope you find it helpful.

Self-assessment, goals and motivation

Before you can decide the best course of action, it is important to determine for yourself how serious your cocaine problem is. Consider your own personal cocaine using history and what problems seem to be the results of your cocaine use.

Assessment: Looking at your use of cocaine

How long have you been using cocaine? _____

How often did you use? _____

How much? _____

When did you last use cocaine? _____

When did you first notice it might be a problem? _____

What did you notice? _____

What is the longest period in the last twelve months where you did not use cocaine? _____

How did it start? _____

How did it end? _____

Have you ever been in treatment for cocaine use? If yes, describe briefly:

Which of the following major life areas have been affected by your cocaine use? If the area has been affected, put a check mark in the box and briefly describe.

☐ Family/Relationships:

☐ Financial:

☐ Employment:

☐ Physical health:

☐ Legal:

☐ Emotional health:

☐ Spiritual:

☐ Social/Leisure:

Withdrawal

When we use any drug regularly for some time, a dependency can develop. Our bodies begin to expect that the drug will be in our systems, and we may rely on the presence of the drug in order to feel normal. When suddenly the drug is not present, our systems react. This reaction is typically referred to as withdrawal.

Withdrawal from cocaine typically causes few physical effects but psychological symptoms can be severe. Some withdrawal symptoms are quite immediate and perhaps do not last long, while other symptoms may take time to develop and disappear.

What has happened when you tried to stop using cocaine? Review the following list and check those symptoms that you have experienced when stopping cocaine use.

- | | | |
|--|---------------------------------------|--|
| <input type="radio"/> aches and pains | <input type="radio"/> weakness | <input type="radio"/> nervousness |
| <input type="radio"/> confusion | <input type="radio"/> hallucinations | <input type="radio"/> panic |
| <input type="radio"/> trouble sleeping | <input type="radio"/> headaches | <input type="radio"/> poor memory |
| <input type="radio"/> depression | <input type="radio"/> increased sleep | <input type="radio"/> seizures |
| <input type="radio"/> excess appetite | <input type="radio"/> irritability | <input type="radio"/> severe cravings |
| <input type="radio"/> "speedy" feeling | <input type="radio"/> low energy | <input type="radio"/> suicidal thoughts ¹ |

Overall, if you were to rate the seriousness of your cocaine problem, what rating would you choose? (Circle a number.)

NOT SERIOUS		MINIMAL		MODERATELY SERIOUS		VERY		EXTREMELY SERIOUS	
1	2	3	4	5	6	7	8	9	10

On a scale of 1 to 10, how important is it for you to make changes in your use of cocaine? (Circle one.)

NOT SERIOUS		MINIMAL		MODERATELY SERIOUS		VERY		EXTREMELY SERIOUS	
1	2	3	4	5	6	7	8	9	10

Why? _____

How confident are you about making a change in your use of cocaine?

On a scale of 1 to 10, how confident are you that, if you decide to make a change in your use of cocaine, you would be successful? (Circle one.)²

NOT SERIOUS		MINIMAL		MODERATELY SERIOUS		VERY		EXTREMELY SERIOUS	
1	2	3	4	5	6	7	8	9	10

Why? _____

Getting motivated for change

You need to discover and describe your own reasons for using and your own good reasons for changing your use. The fact that both of these motivations exist inside you is important for you to know and understand.

Good things about using cocaine (why I should stay on the using track):

Get in touch with the part of you that likes cocaine or is addicted to cocaine. Give all the reasons why you like cocaine or why it is OK to keep using.

1. _____

2. _____

3. _____

Bad things about using cocaine (why I should get on a new track):

Get in touch with the part of you that wants to quit or change your use of cocaine. Give all the reasons why it is a good idea to change your use of cocaine.³

1. _____

2. _____

3. _____

Abstinence

- Abstinence from cocaine means not using cocaine at all.
- It is not unusual for people who are having problems because of cocaine use to not be quite ready to commit to abstinence.
- Many seek treatment partly because of pressure from others in their lives who are concerned about the cocaine use.
- Some believe that the problems will disappear if they get their use under control.
- Commitment to abstinence is a process that takes time.

Which of the following statements best describes how you feel about abstinence from cocaine today? (Check one box only)

- ☐ I am committed to lifetime abstinence, knowing that, for me, it is absolutely necessary.
- ☐ I am quite certain that, for me, lifetime abstinence is the wisest choice.
- ☐ Right now, abstinence is an intelligent choice for me, but I might re-think this sometime in the future.
- ☐ I am clean now but I am not sure my problems are serious enough for me to even consider committing myself to long-term abstinence.
- ☐ Really, I am looking for ways to change my lifestyle so I don't have to quit using cocaine entirely.

Some important points to keep in mind:

- ☐ Cocaine use can be seen as learned behaviour.
- ☐ Over time, cocaine use affects how people think, how they feel, and what they do.
- ☐ It is easier to learn to stop using cocaine and other drugs if cocaine's effects on our thoughts, feelings and behaviour is completely understood
- ☐ New, more effective skills can replace old habits that lead to cocaine use
- ☐ Practising new skills is essential to recovery.⁵

Coping with cravings

What you should know about cravings:

1. Cocaine has tricked your brain into believing you need it in the same way you need food, water, or sleep. You do not. Cravings will only hurt you if you give in to them.
2. Cravings are a normal part of recovery. It doesn't mean your recovery has failed. It doesn't mean you have failed.
3. Cravings are time specific. Unlike thoughts and moods, cravings do not last for a significant length of time. The intensity, frequency, and duration of craving diminish over time, and eventually stop altogether. The only way cravings are going to get stronger over time is if you feed them by using.
4. Giving in to cravings is not inevitable: you always have a choice. In fact, the good news about craving is that so long as it's there, it means you haven't used.
5. The first few minutes can mean the difference between using and remaining abstinent. So cravings should be dealt with as soon as they occur. If cravings are not dealt with immediately, unhealthy thoughts will begin to creep in, making relapse more likely.
6. Some craving is bound to occur. Here are some ways of reducing the amount you experience:
 - **Keep your diet healthy:** cravings can be made worse by too much junk food, blood sugar imbalance, or excessive hunger.

- **Get plenty of exercise:** regular exercise, especially aerobic exercise, can help to keep cravings away.
- **Get enough rest:** being tired will lower your resistance to craving. When you are tired, you think less clearly and are more reactive. You are more likely to be disturbed by people, places, and things in your environment.
- **Avoid excessive use of caffeine and nicotine:** Like cocaine, these are stimulants. The less you use of them, the less likely you will be to crave cocaine.
- **Learn to manage stress:** managing stress well decreases the likelihood of cocaine cravings. There are a variety of techniques that will help: breathing exercises, relaxing music, walking, prayer and meditation, or getting out into nature.
- **Plan your day:** time on your hands with nothing to do can lead to cravings, especially early in recovery.

Your experience of craving

Coping with cravings may well be one of your main goals in early recovery. Virtually all people in recovery from cocaine experience cravings, but experience them in different ways. It's important for you to have a clear understanding of your experience of craving.

Answer the following questions. If you are working with a counsellor or are in a group, be prepared to discuss them with other group members or your counsellor.

1. What are cravings like for you?

- Are they felt in your body?
- Are they in the pit of your stomach?
- Does your heart race?
- Do you imagine the smell or taste of cocaine?
- Do they come in your thoughts as an inability to stop thinking about using cocaine?

- Do they come as emotions? As nervousness, anxiety, or something else?¹

2. How bothered are you by cravings?

3. How long do cravings last for you?

4. How have you coped with craving?

What has worked well for you? What has worked less well? If you are participating in a group, share your successes with others, and listen to what's worked for them.¹

Coping with cravings

When cravings occur, acknowledge that you are craving and that cravings are a normal part of recovery. Accept that this is what's happening to you at the time. Remember, the sooner you take steps to cope with cravings, the more likely you are to get through them. The following guidelines will help:

1. **Centre yourself.** Breathe deeply, in through the nose, out through the mouth. You may also find it useful to carry something with you, something you can hold onto: a photo, a card with a meaningful prayer or saying on it, a piece of jewelry, a key chain or medallion from treatment or your self-help group. It is something solid to remind you of your decision not to use. List what you will carry as well as other ways of centring yourself:

2. **Think it through.** Counter the unhealthy thoughts that come before or follow craving with healthy, realistic thoughts. Remind yourself of the cons of using and the pros of abstinence. Think of how far you've come.

"Pros" of abstinence:

"Cons" of cocaine use:

Remember how far you've come. List the successes you've had:

3. **Get busy.** Work out, go for a walk, talk to someone, clean the house, recite or write out a favourite poem or prayer. Get involved in a game, puzzle, or other mental activity that requires concentration and gets you out of yourself, anything that will help you switch from an internal focus to an external focus. Keep your mind, body and spirit occupied while nature runs its course and the cravings go away. Physical activity is especially helpful. Things I can do to keep busy are:

4. **Talk to someone.** Carry a list of phone numbers of people you can call. People I can talk to are:

5. **Keep a record of how you have coped in the past.** It will remind you of helpful strategies and past successes in coping with cravings. Record these on the following chart.

A Record of Coping with Cravings²

DATE/TIME	SITUATION/THOUGHTS/FEELINGS	INTENSITY [1-10]	LENGTH	HOW I COPEd

REMEMBER: “This too shall pass” applies to cravings too. You can get through cravings. Ride them out, like a surfer riding a powerful wave. The craving will always go away, often sooner than you expect, and more quickly as you make progress.

High-risk situations

High-risk situations are situations that may start you craving or tempt you to use cocaine.

Common high-risk situations¹

Here are some common high-risk situations:

- spending time with people that you associate with use
- spending time in places or situations that you associate with use
- having a drink
- having a “toke” or other mood-altering drug
- feeling bad due to boredom, loneliness, anger, guilt or dwelling on the past
- having sex (if sex was previously associated with cocaine use)
- having severe stress at home or on the job
- feeling exhausted or fatigued
- having positive feelings that in the past were associated with getting high
- thinking about or talking about the “good times” on cocaine
- possessing cocaine or crack paraphernalia
- doubting that you have a cocaine problem and believing you can safely return to controlled use

Ten tips for dealing with high-risk situations²

1. Plan ahead, plan ahead, plan ahead.
2. If you find yourself in a high-risk situation, get out of it immediately, no matter what!
3. Don't go to bars, clubs or parties where you think it will be difficult to resist getting high.
4. Avoid being with people who will influence you to use drugs or who will use drugs in your presence.
5. Talk openly and honestly with others about your high-risk situations before you have to deal with those situations.
6. Make sure you have the telephone numbers of at least five supportive people you can call in case you are in danger of relapse.
7. Make sure someone accompanies you when you face unavoidable high-risk situations, such as holiday celebrations or anniversaries.
8. Display your list of high-risk situations in a prominent, private place, such as on your bathroom mirror, on your refrigerator, or on the inside of your front door.
9. Have other activities available in case plans fall through or you need to escape immediately from an unexpected high-risk situation.
10. Think positively. Say to yourself: **This too shall pass. I will get through this without using. I will feel much better about myself if I do not use.**

Five steps for managing high-risk situations³

Step 1

Discovering your cocaine triggers

Figure out what your triggers for cocaine use are. Triggers are things that make you feel like using cocaine. Triggers can make any situation a high-risk situation.

Where are you most likely to use cocaine?

Who are you most likely to use cocaine with?

When during the day are you most likely to use cocaine?

What activities make it more likely that you will use cocaine?

What feelings or emotional situations are most likely to trigger a need to use cocaine?

Step 2

Discovering your safety zones

Where are you most unlikely to use cocaine?

Who are you unlikely to use cocaine with?

When during the day are you most unlikely to use cocaine?

What activities make it less likely that you will use cocaine?

What feelings or emotional situations are most unlikely to trigger a desire to use cocaine?

Step 3

Ranking your high-risk situations

Rank your high-risk situations for cocaine use with #1 being most likely to use and #3 being least likely to use.

1. _____

2. _____

3. _____

Step 4

Deciding what you can control

Think about your high-risk situations. Separate them into two categories: situations where you have control and situations where you have don't have control.

Example: I can avoid driving by my dealer's house by deliberately taking a different route. I have control over this situation.

Example: I will see my co-worker who still uses cocaine. I need to keep my job so I can't control the fact that I will still see her.

NOTE: It takes strong commitment to kick cocaine. It is important to stay completely away from alcohol and other drugs when in recovery from cocaine. When you drink or use other drugs, it affects your judgment. Your guard is lowered; a cocaine relapse can easily begin with a drink. It is important to choose not to put yourself in this high-risk situation in early recovery.

Which situations do you have control over?

Which situations do you have no control over?

Step 5

Designing a high-risk situation action plan

Now think about how you will manage your high-risk situations. Record your high-risk situation action plan here.

High-risk situation #1

I can avoid this high-risk situation by

I can change or re-arrange things to reduce the risk of this situation by

What new coping skills can you use when you are in this situation?

Someone who may be a support to me in this situation is (can name more than one)

High-risk situation #2:

I can avoid this high-risk situation by

I can change or re-arrange things to reduce the risk of this situation by

What new coping skills can you use when you are in this situation?

Someone who may be a support to me in this situation is (can list more than one):

High-risk situation #3

I can avoid this high-risk situation by

I can change or rearrange things to reduce the risk of this situation by

What new coping skills can you use when you are in this situation?

Someone that may be a support to me in this situation is (can name more than one):

Reducing availability and using refusal skills

Many people can make cocaine available — people you may consider friends, dealers, or even family members. The simplest, and most effective way to reduce your risk of using cocaine is to avoid contact with people who may offer it to you. However, there will still be times when you have to know how to say NO and stick with it. Learning how to assert yourself in this way is an important skill that you can learn. It will help you remain abstinent from cocaine, as well as alcohol and other drugs.

Reducing availability

What steps have you already taken to reduce cocaine availability?

Have you had any contact with past dealers?

Who have you told about your cocaine problem?

What have you done about friends and relatives who are still using?

Communication styles

Take a look at the following four different ways of communicating.

Passive

Passive communicators try to avoid conflict, tension or confrontation. They try to stay out of trouble and usually want to be liked by everyone. They often do not get their needs met, and avoid their feelings.

Example: Your brother asks you if he can borrow your car again. You were planning to use the car to get groceries. You are also worried because you know what a reckless driver he is. You say yes anyway, and spend the day worrying about your car.

Aggressive

People who communicate in an aggressive manner try to dominate, to win and to express themselves without regard for, and at the expense of others. They may try to humiliate other people. Sometimes, aggressive communication is also used to cover hurt feelings.

Example: Your coworker has made a mistake, and you are going to have to work overtime to straighten it out. You lose your temper and shout at them "How could you be so stupid!"

Passive-aggressive

Passive-aggressive communicators are aggressive in an indirect sort of way. This style of communication often confuses other people. Often their words don't match their body language, or they will say things like, "I was only kidding!" after telling a hurtful joke. Passive-aggressive communicators mask their true feelings, and can manipulate and attempt to control

others. They avoid direct contact with people by using indirect behaviours.

Example: You are angry with your partner for not doing their share of the household chores. Instead of talking with your partner, you pretend you are looking for something and make sure you slam the cupboard doors a lot during their favorite TV show.

Assertive

People who communicate in an assertive manner can act in their own best interests. They have learned to stand up for themselves and exercise their rights while respecting the rights of others.

Example: Your neighbour doesn't know that you have been away in treatment for your cocaine use. She has invited you to a party. You know that she uses cocaine sometimes and that there will also be alcohol there. You refuse politely, telling your neighbour that you can't come to her party.

The intent of **passive** communication is:

The intent of **aggressive** communication is:

The intent of **passive-aggressive** communication is:

The intent of **assertive** communication is:

What is your communication style?

The style of communication I use most often is:

Did you know that the way we communicate is learned? Where did you learn your communication style?

The style of communication we choose affects how others respond to us. How do others respond to you, in general, when you communicate?

The majority of communication is non-verbal. What do you think you say most often with your body language?

Working towards being an assertive communicator can help your recovery in many ways. Assertive communication allows for open, honest expression of feelings; most importantly, you can say no when you really need to continue in recovery.

Characteristics of assertive communication

- use of “I” statements
- direct eye contact
- relaxed body posture
- conversational tone of voice
- active listening

Payoffs for using assertive communication

- improved self worth
- improved self-confidence
- enhanced relationships
- needs are met more often
- gain respect from others
- express feelings and don’t hang on to resentments

Assertive non-verbal communication

- good eye contact
- posture is open and relaxed
- facial expressions - feelings shown match what is being said
- touching and gesturing
- calm and quiet voice tone

Responding in an assertive manner

Here are some assertiveness techniques. The best way to become comfortable with these techniques is to practise, practise, practise! Ask someone one to role-play a situation with you. It can be very helpful to role-play a high-risk situation.

Techniques

Broken Record

Calmly repeat your point without getting side-tracked by irrelevant issues. This is a simple, yet effective way to say no. You act like a “broken record” by repeating your point over and over again. Most people will quickly tire of listening to you and give up trying to persuade you.

Example:

OTHER PERSON: Hey, we should go to Tracy’s party together.

YOU: **I’m not going to the party.**

OTHER PERSON: It’s Christmas, aren’t you going to get into the spirit?

YOU: **I’m not going to the party.**

OTHER PERSON: It will be so much fun, I haven’t seen you in a long time.

YOU: **I’m not going to the party.**

Fogging:

Calmly acknowledge that there may be some truth in what the other person is saying but immediately return to your point. The trick here is to agree with only small pieces of what the person is saying.

Example:

OTHER PERSON: We haven't seen Tracy for such a long time and she is so much fun!

YOU: **It's true we haven't seen her for a while,** but perhaps I'll catch her for coffee one day.

Negative Assertion:

Calmly accept criticism or agree with negative statements, but immediately return to your point.

Example:

OTHER PERSON: You never want to have fun anymore.

YOU: I guess I am concentrating on other things right now, and that is part of why I'm not going to the party.

What are some steps you can take to become more assertive?

Some things I have learned to help me become more assertive are

Coping with feelings

You may have used cocaine for a variety of reasons related to feelings: to mask your real feelings, to feel “normal” or just for the way the high feels. When you stopped using, you may have felt overwhelmed by the number and intensity of your feelings. It may still feel like “emotional chaos” to you. People in recovery sometimes speak about being afraid of their feelings. If you fear your feelings, these things may be happening:

- The emotions are intense- they feel unfamiliar and very uncomfortable.
- You’ve forgotten how to or perhaps never knew how to cope with even “regular” feelings.
- You think that you won’t be able to control the feelings once you “let them out” and don’t feel confident about your ability to manage them and stay in recovery.

Learning to manage feelings is one of the most important aspects of recovery. Some of the more difficult feelings to manage are sadness, despair, guilt, shame and anger. Experiencing these can be very stressful. Abstinence can also unmask previous feelings of depression. As well, the clarity of mind that follows abstinence allows you to see the havoc that cocaine use has brought to your life. No wonder recovery can be so tough!

There is, however, a good side to feeling these feelings. It means you are alive and thus able to grow and change.

Learning to cope with feelings is a trial and error process. Learn and practise the skills, and be patient with yourself.

Identifying your warning signs

The first step in coping with a feeling is identifying it. Your thoughts, your behaviours (or actions) and the physical state of your body can help you identify your feelings. Here are some examples:

Physical signs: You note that your stomach is twisted in a knot, before a job interview. You realize that you are feeling anxious. Or, perhaps you get a knot of tense muscles in the back of your neck when you are stressed.

Thoughts: Gloomy, negative thoughts keep coming into your head as you spend the weekend without your former friends. You recognize that today you are seeing the world through these gloomy thoughts, and you are feeling sad.

Actions: You catch yourself swearing sharply at the person driving in front of you who cut you off. At the grocery store you tap your feet and glare at the man in front of you who wants to check his receipt right there. You feel stressed and angry.

When you were using cocaine, it became easy to ignore these warning signs. Work at becoming aware of the thoughts and actions that occur while you are experiencing the feeling. When you are trying to identify a feeling, remember the physical signs as well. What is your body telling you about what you are feeling? What do you need to do to take care of yourself and manage this feeling?

Coping with negative emotional reactions¹

Cocaine use may have been a way that you coped with unpleasant feelings. Many people who have a history of substance abuse have experienced trauma in their lives. In fact, the experience of becoming addicted can create trauma in itself. Other examples of trauma are physical, sexual or emotional abuse. If you have a history of trauma, when you stop using you may feel a range of negative, overwhelming feelings.

Following is a list of symptoms that you may have experienced if you have been traumatized. Identify which of the following symptoms are triggers for you in terms of relapse.

Hyper-arousal: feeling endangered, never feeling really safe; being easily startled; reacting irritably to small things, sleeping poorly

Intrusion: having flashbacks (memories of the traumatic event); having suicidal thoughts; having nightmares; having body memories (feelings in your body that were with you at the time of the event)

Constriction (shutting down for self-protection): feeling numb, as though you have no feelings; dissociating (observing events from outside your body); being generally afraid (e.g. sleeping with a weapon or checking under the bed); sleeping poorly

Any of these can be very upsetting and disturbing to experience. Read on for some techniques to help you cope with these. Some of these tips require practice. It's important that you know how to apply them before you really need them.

Techniques for managing flashbacks and unpleasant emotions

Here is a list of techniques to practise and use to cope with unpleasant emotions. They may also help you to cope with cravings. The goal of these techniques is to help you get past your memories, your past thoughts and feelings, and get into the present.

1. Breathe with awareness (remember, holding your breath is a fear reaction).
 - Tell yourself to breathe: repeat the word "breathe."
 - Breathe from your diaphragm, taking slow, deep breaths.
 - Imagine a triangle in front of you - breathe in for a count of three, hold your breath for a count of three, then release your breath to a count of three.
 - Repeat this pattern.
2. Ground yourself. Bring yourself back into your environment. Become aware of your senses (sight, sound, smell, touch).
 - Sight: try to keep your eyes open so that you can see your environment. If someone is present, make eye contact.
 - Sound: pay attention to the sounds around you (e.g. traffic, people's voices).
 - Smell: pay attention to the smells around you (e.g. coffee, food, etc.).

- Touch: hold onto the chair you are sitting on, feel the chair underneath you, notice your feet on the ground. Repeat to yourself: “I am here in the room” (e.g. your home, your group therapy room).

3. Create a nurturing environment.

Carry things around with you that bring you comfort (e.g. favourite pictures, pendant, medallion, key chain, stuffed animal). Use other comfort items to create a comfort space in your home, car, etc. Nurturing things and places help you to cope with feelings and stay in recovery.

4. Say positive things to yourself

Repeat a positive thing about yourself or your accomplishments. For example, remind yourself of a good thing that you have done, or that has happened to you. You may want to write this on a card and carry it with you. Cheer yourself for beginning on the road to recovery. Remember your successes.

Anger and stress

Two areas that people often struggle with are feelings of anger and stress. The following sections will help you to look at your anger feelings as well as how you experience stress.

Anger: What it is

Anger is

- an emotion that is as much a part of a person as any of the five senses (sight, touch, taste, hearing, and smell)
- a response to being either physically or psychologically stopped from doing what you want to do (frustrated)
- a response to having your personal security or adequacy threatened
- a response to having expectations not being met (resentment)
- a normal part of the human experience
- neither “good” nor “bad” (the emotion itself, not the outcome/behaviour)

- sometimes a way to hide other emotions that are not easy to accept
- influenced by the way you feel about yourself

Anger often seems to exist in isolation. However, other emotions are often associated with or masked by anger. These include fear, hurt, confusion, rejection, embarrassment, guilt, disappointment, hopelessness, humiliation, anxiety, or feelings of injustice, persecution and jealousy. Therefore, anger can be thought of as a “secondary emotion.”

Although anger seems to be a response to something outside us, it most often is an intrapersonal event; that is, we make ourselves angry. If you don't agree with this, think about the fact that two people can respond to the same external event very differently. For example, one person will get angry and another will stay calm. When we blame other people by saying that “they make us angry,” we give away our personal power. Part of personal power is taking responsibility for our choices, our actions and of course, for managing our feelings!

Anger: Identifying your warning signs²

Physical signs of anger

Because the physical signs of anger are caused by a part of your nervous system, they happen automatically. They are temporary and will rapidly fade if you allow yourself an opportunity to cool down. When you are feeling angry, you may have a few or all of these signs.

- The pupils of your eyes open up to let in more light. You may notice that things suddenly seem brighter.
- Your heart beats faster and harder than normal.
- Your breathing becomes faster and harder than normal.
- Your blood sugar level rises rapidly. You may suddenly have a lot of energy and feel like doing something physical.
- Your body produces extra sweat to cool you off. You may become sweaty; your hands may get clammy.
- Your muscles become tense, perhaps especially in your face or hands. You may become red in the face. You may suddenly feel hot or cold, or get a knot in your stomach.

Emotional signs of anger

People have different emotional experiences when they are angry. Some people feel inadequate and insecure; some become aggressive and hostile. Others feel victimized.

When was the last time that you were angry? Can you identify other feelings that were going on for you (e.g. hurt, insecurity, guilt)? What were you thinking about?

Behavioural signs of anger

People have different behavioural reactions to anger. Some explode in fits of rage and yell at or hit other people. Some people become silent and go off to be alone.

The last time that you were angry, what did you do? What did you say to others? How did that make you feel at the time? How do you feel about that now?

Situations associated with anger

It is important to examine the situations that seem to be associated with your getting angry. You may be able to identify certain patterns and learn to avoid them.

What was going on during the past few times that you were angry?

What was the situation? What happened? Who was involved?

Anger Management Questionnaire

The following questionnaire will help you to further explore your experience of anger.

1. How has anger been a problem for you?

2. What do you do when you are angry that creates problems for you?

3. Which behaviour would you most like to change?

4. What support is there in your life that will help you manage this change?

6. What anger management strategies do you know about that work for you?

Please record situations in which you become angry. (Rate your level of anger on a 10-point scale where 1 = slightly annoyed; 5 = moderately angry; 10 = extremely angry, ready to explode, in a rage.) To increase your self-awareness, complete all columns as soon as possible after the incident.

DATE	HIGH-RISK SITUATION (DESCRIBE OBJECTIVELY)	LEVEL OF ANGER (1 - 10)	OTHER FEELINGS BEHIND THE ANGER	HOT-HEADED THOUGHTS, IMAGES, FANTASIES	COOL-HEADED THOUGHTS, IMAGERY, FANTASIES	RESULTING BEHAVIOUR

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Here are some more strategies for managing anger:

- Recognize when you are feeling angry and know how it shows in your body, thoughts and behaviour.
- Identify the various factors that result in angry feelings.
- Identify the effects of the angry feelings and the ways you have coped.
- Put things in perspective—are little, insignificant things worth getting angry over?
- Learn to challenge yourself when feeling angry to figure out if your anger is really justified.
- Change your angry thoughts in order to change and stop angry feelings.
- Use anger as a motivator to solve problems and conflicts, or achieve things in your life.
- Express your angry feelings to the person you are mad at when appropriate, but do so in a controlled manner.
- Talk about your anger with a sponsor, friends, family member or counsellor, or at an Alcoholics Anonymous (AA), Narcotics Anonymous (NA) or Cocaine Anonymous (CA) meeting.
- Don't let anger control you and make you say or do things that will hurt others or that you will later regret.
- Leave situations in which you worry you will lose control of your anger and do something harmful to another person.
- If you have hurt others by lashing out angrily at them, make amends to them.
- Use physical activity as a means of releasing angry energy.
- Write about your feelings in a journal or anger log.

Managing your stress

The following is a list of things that may indicate that you are experiencing stress.

Think about and record what was going on in your life shortly before and while experiencing these warning signs of stress. The following exercise will also help you learn about what type of feelings different thoughts and situations create for you.

Feeling anxious, nervous, fearful, or afraid. When do you have these feelings?

Worrying about what might happen; imagining the worst. About what?

Feeling irritable, cranky, and moody. When? What days and times?

Feeling overly stimulated and distressed by the things around you.
When? Where?

Feeling angry, annoyed, and combative (like arguing or fighting).
When? Where? With whom?

Feeling restless, impatient, and fidgety. When? What days and times?

Experiencing tension in your muscles. Where? When?

Experiencing stomach aches, cramps, diarrhea. When?

Feeling exhausted, weary, and fatigued. When?

Having problems concentrating and following what you read or hear.

Having problems falling or staying asleep or having restless sleep.

How have you coped with this in the past? What are some healthy coping tools you can use now?

Leisure and recovery

Do you find yourself wondering what you will be doing with your free time now that you are in recovery? Are you worried that you will never have fun again? Will you need to stop hanging out with your friends?

These are some of the questions you might be asking yourself now that you are in recovery. These questions are all about the role of leisure in your life now that you have quit using cocaine. You CAN have fun, but you may need to make some changes.

Using cocaine probably took up a lot of your leisure time in the past. The challenge now is to find things you like to do, and learn how to do them without using. Over time, you can develop positive leisure routines and connect with people to have fun in healthy ways.

Leisure can be hard to define. It means different things to different people. For example, some people see leisure as an activity that provides enjoyment or pleasure, such as sports or hobbies. Others define leisure as free time spent away from chores, work, school or other obligations.

Leisure can be something active or something inactive. It can be something vigorous like sports and running, or something peaceful like reading a book or working in the garden.

It can be something you do with other people, or something you do on your own. Leisure activities can be almost anything. Look for leisure activities that are healthy for you, are something you like to do and simply make you feel good!

Changing what you do for leisure may not be easy. It may take time to figure out what things you like to do best. Maybe you don't feel like you fit in to a "clean and sober" world. Keep in mind that over time, it will get easier.

Coping with boredom and how to have fun

Many people who have struggled with addictions are concerned that when they stop using they won't have any fun or relaxation in their lives. Boredom is sometimes described as a trigger to use. In order to stay on the recovery path, replace cocaine use with hobbies, interests and activities that are incompatible with substance use. Some of the things that people get from using cocaine can be excitement, risk-taking or fitting in with others. If this is some of what you gained from using, find activities that meet these needs in a healthy way.

1. Describe what you usually do to relax and have fun

2. What would you like to get from your leisure activities?

For example, would you like to be physically active, try something challenging? Would you like to slow down and relax, or make some new friends, spend time with your family? Make a list of your personal leisure interests.

3. Make a list of at least three things you plan to do in your spare time without using substances.

Something that you used to do and would still enjoy doing

Something you really like doing

Something you always wanted to do and never got around to trying

4. What do you need in order to follow through with your leisure goals?
(e.g. time, energy)

Look around your own community. What is available for you to do that is inexpensive or free? (Example: There may be volleyball at your local school.)
Check your local papers.¹

5. Leisure activities can help you overcome difficult emotions. Name one or more leisure activities that you could start or continue with that would help you to deal with boredom, loneliness and stress. Also, record the name of at least one person who could help you with this.

1. Boredom: _____
Specific person to help you: _____

2. Loneliness: _____
Specific person to help you: _____

3. Stress: _____
Specific person to help you: _____

A leisure plan

Use this guide as a sample way to figure out what you need to pursue a particular leisure activity.

1. Activity: _____

a. What will you do? _____

b. Will you need an instructor? _____

c. How much time will it take? _____

d. How should you dress? _____

e. Will you participate in a group or individually? _____

2. Location: _____

3. How to get there (transportation/directions): _____

4. When to go: _____

a. Day(s) of the week: _____

b. Time of the day: _____

5. Cost: _____

a. Entrance fee [per person or group]: \$ _____

b. Equipment rental [or purchase]: \$ _____

c. Transportation: \$ _____

d. Food or refreshments: \$ _____

e. Instructor fee: \$ _____

f. Other: \$ _____

Total per visit: \$ _____

6. Supplies and equipment needed: _____

7. Accessibility: _____

8. Other information: _____

Your health

If you have been using cocaine, it is likely that your body has not been getting the food or sleep it needs. People using cocaine tend not to eat or sleep for long periods of time.




















Now you can help your body heal by providing it with good food and the rest that it needs.

In early recovery, you may find you need more food and sleep than before. This is how your body “catches up.” Your regular eating and sleeping patterns will return in time.

Eating well

Here is the Canada Food Guide with the recommended servings for you.¹

Circle your recommended number of servings from each food group.

GRAIN PRODUCTS		SERVINGS PER DAY	5-12
1 SERVING	 Whole wheat bread (1 slice)	 Hot cereal 175mL (3/4c.)	 Cold cereal 30g
2 SERVINGS	 One bran muffin, pita, bagel or bun	 Rice or pasta 250mL (1c.)	
VEGETABLES & FRUITS		SERVINGS PER DAY	5-10
1 SERVING	 One medium size vegetable or fruit	 Fresh, frozen or canned vegetable or fruit 125mL (1/2c.)	 Salad 250mL (1c.)
		 Juice 125mL (1/2c.)	
MILK PRODUCTS		SERVINGS PER DAY	CHILDREN 4-6 YEARS: 2-3, YOUTH 10-16: 3-4, ADULT: 2-4, PREGNANT & BREAST-FEEDING WOMEN: 3-4
1 SERVING	 Milk 250g (1c.)	 Cheese 50g (3"x1"x1")	 Processed cheese 50g (2 slices)
		 Yogurt 175g (3/4c.)	
MEAT & ALTERNATIVES		SERVINGS PER DAY	2-3
1 SERVING	 Meat, poultry or fish 50-100g	 Canned Fish 1/3 - 2/3 can	 Eggs (1-2)
		 Tofu 100g (1/3c.)	 Beans 125-250mL (1/2 - 1c.)
		 Peanut butter 30 mL (2tbsp)	
OTHER FOODS			
		Taste and enjoyment can also come from other foods and beverages that are not part of the 4 food groups. Some of these foods are higher in fat or calories, so use these foods in moderation.	

List three small, specific ways that you can improve your eating:

Example: I will switch to wholewheat toast in the morning for breakfast.

What will get in the way of healthy eating?

What can you do about that?

Sleeping well

The hard part about sleeping well is that sleep cycles have been changed by cocaine use. People often have trouble getting to sleep or sleeping at the “right times.”

Some people have trouble sleeping for other reasons as well.

Here are some ways to help you sleep well:

Get exercise

Exercise has many benefits. It can help you manage stress so that you are not awake worrying and thinking. It can be relaxing and make you physically tired enough to sleep. It can help you feel better about yourself.

One caution about exercise is that some people find that if they exercise at night, it gives them energy, and they can’t sleep.

Avoid or reduce caffeine and nicotine

Caffeine is found in coffee, tea, cola drinks (like Pepsi) and chocolate. Nicotine is found in tobacco. Both caffeine and nicotine are stimulant drugs, which stop you from sleeping deeply and well.

Learn and practise healthy ways to relax

People relax in different ways. Some examples are walking, meditating, listening to music, reading, and having a bath. Try different things until you find what works for you.

Set three small, specific goals for improving your sleep.

Example: I will only drink coffee in the morning.

Three things I will do to help me sleep better are:

Other health issues

HIV and hepatitis C

You may be concerned about having come into contact with the HIV or hepatitis C virus. You may have shared injection works, or you may have been involved in unsafe sexual practices. Here's what you can do now.

Get tested

Your doctor, counsellor or another health professional can help you figure out how to get tested. Ask for a referral or look in your phone book for information. You can record it in the space provided at the end of this section.

HIV: If your HIV test is positive, your doctor will talk to you about what this means.

A positive HIV test is "reportable" in Alberta. This means that some medical professionals will need to know that you tested positive. Your HIV status will not be given to people you know, like your employer, your landlord, or your family.

A negative HIV test usually means that you do not have HIV, or, it may mean that you have been infected recently. If you have been infected within the last 1-6 months your body hasn't produced enough HIV antibodies to show up in the blood test.²

Your doctor or a health professional will help you understand the results of your test.

Hepatitis C: Hepatitis C is spread by direct blood-to-blood contact with an infected person. The most common means of spreading hepatitis C is through injection drug use (sharing needles or other injection equipment). A diagnosis is made through blood testing. Hepatitis C is also a reportable disease.³ Ask your doctor or other health professional for more information.

Where to go/who to call

Practise safe sex

Cocaine use has a very strong sexual component. Some people report they have more sexual interest while using cocaine, even though long-term use of cocaine hurts sexual functioning.

Some people describe an addiction to sex as well as cocaine. If you feel you have an addiction to sex, you are not alone. Ask your counsellor or a health professional how to get help with this.

What do you need to change about your sexual habits to be healthy?

(**Examples:** limit sexual partners or become abstinent from sex, use a latex condom, join Sex Addicts Anonymous)

Support systems

When you were using cocaine, your friends and relationships may have become narrow and limited to those you used with and your dealers. Neither of these groups of individuals is likely to support your recovery efforts. Part of learning to live an abstinent lifestyle is developing new relationships with people supportive of your recovery efforts.

It has been proven time and again that support systems are important for people to be successful in recovery. There are different kinds of support systems, formal and informal, specific to addiction or not. For example, your family may be an informal support to you. Your church group may be a formal support. There are also addiction-specific support groups such as Women for Sobriety and Rational Recovery. The most well-known addiction-specific support groups are the 12-step groups, as they are available almost everywhere.

Twelve step support groups such as CA, NA and AA are available in most communities and provide confidentiality, ongoing support, and encouragement. There are different types of 12-step meetings that you need to be aware of:

- **Open speaker meetings:** Anyone, whether there is a problem or not, may attend [including family members or friends]. At speaker meetings, members tell their stories and describe their experiences with alcohol, other drugs, or gambling, how they came to be members, and how their lives have changed as a result.
- **Open discussion meetings:** One member will speak briefly about his or her experiences with drinking, using, or gambling, then lead a discussion on recovery or a problem someone brings up. Anyone may attend.
- **Closed discussion meetings:** As above, but only for people with problems with alcohol, other drugs, or gambling.
- **Beginners:** Smaller, question-and-answer meetings to assist newcomers. This type of meeting is often held in detoxification and treatment centres.

- **Step meeting:** A meeting (usually closed) for discussion of one of the 12-steps.
- **Small closed groups:** Meetings of six to 12 people held in the home of a member. These are of particular interest to women, as they are often women-only and childcare is provided.

Tips for preparing for your first 12-step meeting

- Call your local Cocaine Anonymous, Narcotics Anonymous or Alcoholics Anonymous number in the phone book to get locations and times of meetings (in small towns, often meeting dates, locations, and times are in your newspaper).
- If possible, connect with a member of the group prior to the meeting and plan to attend the meeting together.
- Obtain information from pamphlets, brochures, etc. These can be obtained at your nearest AADAC office or through the 12-step programs.
- Congratulate yourself on overcoming fear and taking a positive step towards your recovery.

Your local AADAC outpatient office may offer a counselling support group that you would find helpful. These groups can assist you in dealing with different aspects of recovery: coping with feelings, managing high-risk situations and developing concrete relapse prevention strategies. If you need intensive treatment and the support that comes with a residential setting, inpatient treatment is also available.

Start to think about your supports by completing this exercise.

The following groups/individuals will be used as my supports in recovery:

CA, NA or AA	How often/which groups
_____	_____
_____	_____
_____	_____

AADAC counselling

How often/which groups

_____	_____
_____	_____
_____	_____

AADAC groups

_____	_____
_____	_____
_____	_____

Other (specify)

_____	_____
_____	_____
_____	_____

Should a slip occur, these are additional steps I will take to avoid continued use of cocaine:

Designing your support network

In the circles write the triggers (feelings, situations, etc.) that may lead to relapse. Each “net” represents a support or safety net that can prevent you from relapsing. Label each net, indicate who or what it contains, and briefly describe how it will support you in your recovery. Add as many nets as you need, or can identify. Include individuals, groups, organizations, and other resources available to you. If the nets are not built strongly enough and you keep falling through them, you are likely to relapse. Careful planning is important to build a strong support system. Remember, failing to plan is planning to fail!

Name: _____

Record triggers that may lead to relapse in the circles



Label your net: who or what does it contain? Indicate how it will help you in your recovery.

NET 1



NET 2



NET 3



NET 4



NET 5



Effects of cocaine addiction on relationships

Addiction affects everyone — so does recovery!

Did you know that family members commonly have the same feelings about the presence of addiction in their life as you do? They feel angry, hurt, frustrated, etc. Like you, they may have or have had a hard time accepting that the addiction is a reality. Whether parents, spouses, siblings, or children, they have been affected by your addiction. Family members' attempts to control the situation and the addiction are called enabling. Here are some examples of how others may have enabled you:

- taking responsibility for your happiness
- staying home to look after you
- taking care of you
- taking sole responsibility for managing finances, paying bills, covering bad cheques
- making excuses for your cocaine use

Can you think of other examples?

Rebuilding relationships

Because of the impact of cocaine addiction on those individuals closest to you, relationships have been damaged. A process of rebuilding needs to take place.

During the process of recovery, your relationships will again be affected. There may be a lack of trust or suspicion about your behaviour and sincerity. Start to think about how your cocaine addiction affected those close to you and how your recovery will affect those same individuals. Answering the following questions will help you begin the process.

Part I

List the important relationships in your life that you would like to rebuild in your recovery:

What behaviours did you engage in during your cocaine use that had an impact on these relationships?

How can you begin to take responsibility for these behaviours?

What expectations do you have for your relationships with family, friends or co-workers?

How realistic are these expectations?

Part II

Consider one relationship you would like to begin to improve. Focus on this relationship as you complete the questions.

My relationship with:

What have you been dishonest about in this relationship?

What things do you need to take responsibility for in this relationship?

What actions do you need to take to show that you are taking responsibility?

What are realistic expectations for improving this relationship?

Reviewing your progress and setting new goals

Recovery is a process that requires effort. As you come to the end of this phase of your recovery, take the opportunity to reflect on your accomplishments. Consider the gains you've made and which areas of your life continue to require attention.

Recovery Self-Evaluation¹

For each of the following topics, rate how satisfied you are at this time:

	VERY DISSATISFIED					VERY SATISFIED				
Job/School	1	2	3	4	5	6	7	8	9	10
Friendships	1	2	3	4	5	6	7	8	9	10
Family Life	1	2	3	4	5	6	7	8	9	10
Leisure activities	1	2	3	4	5	6	7	8	9	10
Recreational activities	1	2	3	4	5	6	7	8	9	10
Alcohol/drug use	1	2	3	4	5	6	7	8	9	10
Alcohol/drug cravings	1	2	3	4	5	6	7	8	9	10
Self-esteem	1	2	3	4	5	6	7	8	9	10
Physical health	1	2	3	4	5	6	7	8	9	10
Emotional health	1	2	3	4	5	6	7	8	9	10
Sexual fulfillment	1	2	3	4	5	6	7	8	9	10
Spiritual well-being	1	2	3	4	5	6	7	8	9	10

1. In which areas have you improved the most?

2. Which changes were easiest for you to accomplish?

3. Which changes have been most difficult?

4. What skills and strengths of yours have you become more aware of?

5. On which areas do you need to now concentrate on to continue in your recovery?

6. Which will you tackle first? _____ Second? _____

If you need help with them, where do you plan to get help?

Acknowledging your accomplishments in working towards recovery is important, but remember, recovery happens with time, patience, and practice, practice, practice!

Endnotes

Module 1

- ¹ Adapted from Addictions counsellor toolbox: Cocaine: Issues in recovery (p.A.2), by Alberta Alcohol and Drug Abuse Commission, 2000, Edmonton: Author. Copyright 2000 by Alberta Alcohol and Drug Abuse Commission.
- ² From Addictions counsellor toolbox: Cocaine: Issues in recovery (p.B.2), by Alberta Alcohol and Drug Abuse Commission, 2000, Edmonton: Author. Copyright 2000 by Alberta Alcohol and Drug Abuse Commission.
- ³ From Addictions counsellor toolbox: Cocaine: Issues in recovery (p.B.1), by Alberta Alcohol and Drug Abuse Commission, 2000, Edmonton: Author. Copyright 2000 by Alberta Alcohol and Drug Abuse Commission.
- ⁴ From A cognitive-behavioral approach: Treating cocaine addiction (p.42-43), by K. M. Carroll, 1998, Rockville, MD: National Institute on Drug Abuse. Copyright 1998 by the National Institute on Drug Abuse.
- ⁵ From A cognitive-behavioral approach: Treating cocaine addiction (p.44-45), by K. M. Carroll, 1998, Rockville, MD: National Institute on Drug Abuse. Copyright 1998 by the National Institute on Drug Abuse.

Module 2

- ¹ From A cognitive-behavioral approach: Treating cocaine addiction (p. 63-64) by K. M. Carroll, 1998, Rockville, MD: National Institute on Drug Abuse. Copyright 1998 by the National Institute on Drug Abuse.
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Module 3

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Module 4

No endnotes

Module 5

- ¹ Adapted from Structured relapse prevention: An outpatient counselling approach, (p. 116, 121, 122) by Annis, H., Herie, M. and Watkin-Merek, L., 1996, Toronto: Addiction Research Foundation. Copyright 1996 by Addiction Research Foundation.
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Module 6

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Module 7

- ¹ From Canada's food guide by Health Canada, 2001. Retrieved January 21, 2003 from Health Canada Web site: http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/food_guide_rainbow_e.html. Government of Canada. Reprinted with permission.
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Module 8

No endnotes

Module 9

- ¹ From Treatment for stimulant use disorders, treatment improvement protocol 33 (p.37-38) by US Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Centre for Substance Abuse Treatment, 1999, Rockville, MD: U.S. Department of Health and Human Services. Copyright 1999 by Centre for Substance Abuse Treatment. Reprinted with permission.
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For more information, contact your local AADAC office,
call 1-866-33AADAC, or visit our Web site
www.aadac.com.